

### IMPORTANT NOTICE TO HOMESTEAD PROPERTY OWNERS

Individuals and married couples are limited to one homestead standard deduction. As the receipt of this deduction becomes more beneficial, there is more incentive than ever for homestead fraud. Homestead fraud causes higher tax bills for all; therefore, HEA 1344-2009 requires taxpayers who receive the homestead standard deduction to verify that they are eligible to receive the benefit and to provide additional identifying information necessary to allow county government to better monitor homestead filings. This information will be kept confidential and can only be accessed by authorized county officials. The Department of Local Government Finance will use this information to create tools that will help county officials eliminate homestead fraud.

#### PART 1: PROPERTY INFORMATION

This information can be found under the **HOW YOUR PROPERTY TAX BILL IS CALCULATED** section of the TS1 - Comparison Statement included with this mailing.

<b>Taxpayer Name:</b>	
<b>Property Address:</b>	
<b>State Parcel Number:</b>	
<b>Local Parcel Number:</b>	
<b>Legal Description:</b>	

Do you own other property in Indiana? ☐ YES ☐ NO

If YES, please list address(es) of those properties:

#### PART 2: TAXPAYER INFORMATION

Owner 1	First	Middle	Last
Mailing Address(number & street, city, state, and ZIP code)			
<input type="checkbox"/> Same as property address <input type="checkbox"/> Please change my mailing address			
Social Security Number (last 5 digits)		Driver's License/State ID Number(last 5 digits) & State	
Other (please specify in Part 4 below)			
Spouse	First	Middle	Last
Mailing Address (number & street, city, state, and ZIP code)			
<input type="checkbox"/> Same as property address <input type="checkbox"/> Please change my mailing address			
Social Security Number (last 5 digits)		Driver's License/State ID Number(last 5 digits) & State	
Other (please specify in Part 4 below)			

#### PART 3: CERTIFICATION

Each undersigned certifies, under penalty of perjury, that the above and foregoing information is true and correct and that he or she is eligible to receive the homestead standard deduction on this property. Each undersigned also understands that, by claiming additional homestead deductions unlawfully, he or she may be liable for back taxes and substantial financial penalties.

Owner 1 Signature	Date	Telephone
Spouse Signature	Date	Telephone

#### PART 4: ADDITIONAL INFORMATION

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## INSTRUCTIONS

1. Under HEA 1344-1008, all homeowners who receive the homestead standard deduction are required to submit this form in order to verify their eligibility and to continue to receive benefits.
2. Those receiving the benefit of the deduction must list the last 5 digits of both their Social Security number and driver's license or state identification number. If the individual has no Social Security number, he or she may list only the last 5 digits of their driver's license or state identification number. If the individual has no driver's license or identification number, the last five digits of any federally-recognized identification number, such as a United States Permanent Resident ("A") Number, may be used.
3. Names should be listed as they appear in the records of the Social Security Administration, or as the legal name used when signing documents.
4. Under the law, married couples must submit the name and Social Security number (or other identifying number) and Driver's License or State Identification number of both spouses in order to continue to receive the homestead standard deduction. Married couples, regardless of whether they maintain a residence together, are only eligible for one homestead deduction in the State of Indiana.
5. If you do not have either a Social Security number, driver's license number or state identification number, or U.S. Permanent Resident ("A") number, please provide an explanation in Part 4, "Additional Information". **If you do not have one of these documents, please contact your County Auditor to ensure that you are able to keep your benefits if you are eligible.**

**IMPORTANT NOTICE: If a taxpayer becomes ineligible to receive a homestead deduction on a property for any reason, he or she must file a certified statement with the County Auditor no later than 60 days after the date of that change. Failure to file this statement will result in the imposition of any additional taxes that would have been due on the property if the individual had filed the statement as required under the law, plus a civil penalty equal to 10% of the additional taxes due. This penalty is in addition to any interest or penalties for a delinquent payment that might be due.**

PLEASE RETURN COMPLETED FORM TO:

HAMILTON COUNTY AUDITOR  
DEDUCTIONS DEPARTMENT  
33 N. 9<sup>TH</sup> ST., SUITE L21  
NOBLESVILLE, INDIANA 46060

If you would like more information, please visit the Hamilton County Auditor's page on our website at <http://www.hamiltoncounty.in.gov/departments.asp?id=2090>.